

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11896

FILED MAY 12 1954		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. LENGTH OF STAY (In this place) 25 yrs		c. CITY OR TOWN Fayette		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. Park Addition				e. STREET ADDRESS (If rural, give location) S. Park Addition 045/2			
3. NAME OF DECEASED (Type or Print) a. (First) Leona		b. (Middle) ---		c. (Last) Baskett		4. DATE OF DEATH (Month) (Day) (Year) Apr. 22, 1954	
5. SEX Female 3		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 24, 1877	
9. AGE (In years last birthday) 76		10. AGE (In years last birthday) 8		11. AGE (In years last birthday) 28		12. AGE (In years last birthday) 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anderson Broadus		13b. MOTHER'S MAIDEN NAME Amanda Knaus		14. NAME OF HUSBAND OR WIFE Smith Baskett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sanford Broadus			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, severe, DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 18 hours unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 21, 1954, to April 22, 1954, that I last saw the deceased alive on April 21, 1954, and that death occurred at 6:30 am, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Sanford Broadus				23b. ADDRESS Fayette, Missouri		23c. DATE SIGNED 4-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/24/54		24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette, Missouri	
DATE REC'D BY LOCAL REG. 5-1-54		REGISTRAR'S SIGNATURE Mary H. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr		ADDRESS Fayette, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 33

P. O. Address Fayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.